

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914941	RECEIPT DATE:	09 / 05 / 01
IA NUMBER:	PCT/ IL00 / 00162	IA FILING DATE:	03 / 15 / 00
FAMILY NAME:	FOX	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JOSHUA	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 15 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	VOCL 18.974	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2129403806
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CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	100222585
EMAIL:			
APPLICATION TITLES:			
	AUDIO AND DATA COLLABORATION AND COORDINATION SYSTEM		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 6532

<b>SERIAL NUMBER</b> 09/914,941	<b>FILING DATE</b> 11/21/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2665	<b>ATTORNEY DOCKET NO.</b> VOCL 18.974
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**APPLICANTS**

Joshua Fox, Emek Ha'cla, ISRAEL;  
Yuval Hertzog, Ra-anana, ISRAEL;  
David Korman, Tzoran, ISRAEL;  
Omri Kessel, Tel Aviv, ISRAEL;  
Shlomi Glan, Foster-City, CA;  
Yoram Lazarovich, Netania, ISRAEL;  
Ofar Hendler, Kfar Sava, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/IL00/00162 03/15/2000  
AND CLAIMS BENEFIT OF 60/124,369 03/15/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/14/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Rosenman & Colin  
575 Madison Avenue  
15th Floor  
New York, NY 10022-2585

**TITLE**

Audio and data collaboration and coordination system

<b>FILING FEE RECEIVED</b> 230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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